		(0) (10) (10 (07)						
Form	B22C ((Chapter 13) (10/05)	Check the box as directed in Part II, Line 14 of this statement.					
In re					income determir			
		Debtor(s)	∐ Dispo	osable	income not dete	rmin	ed under § 1	325(b)(3)
Case N	lumber:	:(If known)						
		STATEMENT OF CUI	RRENT	MON	THLY INCOM	1E A	ND	
		DISPOSABLE						
		FOR	USE IN C	CHAPTE	R 13			
		Schedules I and J, this statement must be of	completed	by ever	y individual Chapter	13 del	otor, whether or	r not filing
Jointly.	Joint	debtors may complete one statement only.						
		Part I. CALCULATION	1 OF CU	JRREN	IT MONTHLY I	NCC)ME	
		al/filing status. Check the box that applies	-	-	· ·	of this	s statement as o	directed.
1		Unmarried. Complete only Column A ("De					10 (Undan	Davida an
		Married, not filing jointly. Complete only C Married, filing jointly. Complete both Colu						
		ines 2-10.			,		, openie	1
		ures must reflect average monthly income for					Column A	Column B
	bankruptcy case, ending on the last day of the month before the filing. If you received different amounts of income during these six months, you must total the amounts received dur-					Debtor's Income	Spouse's Income	
		e six months, divide this total by six, and er			ne appropriate line.			
2		s wages, salary, tips, bonuses, overtime			0.111.6		\$	\$
	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference on Line 3. Do not enter a number less than zero. Do not							
	include any part of the business expenses entered on Line b as a deduction in Part III.					art		
3	a.	Gross receipts	\$					
	b.	Ordinary and necessary business expense						
	C.	Business income		btract Li	ne b from Line a			
		and other real property income. Subtract				r_	\$	\$
	ence o	on Line 4. Do not enter a number less than	zero. Do n	not inclu	ide any part of the			
		ng expenses entered on Line b as a dedu		Part III	•	ĺ		
4	a.	Gross receipts	\$					
	b.	Ordinary and necessary operating expens	ses \$					
	C.	Rental income	Suk	btract Lii	ne b from Line a		\$	\$
5	Inter	est, dividends, and royalties.					\$	\$
6	Pension and retirement income. \$						\$	
Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support. Do not include contributions from the								
	debtor's spouse if Column B is completed. Unemployment compensation. Enter the amount in Column A and, if applicable, Column					mn	\$	\$
	B. Ho	owever, if you contend that unemployment of	compensati	ion recei	ved by you or your			
8		spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:				nsa-		
	Unemployment compensation claimed to							
	be a benefit under the Social Security Act Debtor \$ Spouse \$				\$	\$		
Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include any benefits re-								
	ceived	d under the Social Security Act or payments	received a	as a victir	m of a war crime, crir	ne		
9	agains	st humanity, or as a victim of international c	or domestic	c terroris	m.			

\$

\$

Subtotal of current monthly income. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).

a.

	Total current monthly income. If Column B has been completed, add Line 10, Column
11	A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the
	amount from Line 10, Column A.

\$			
\$			

	Part II. APPLICATION OF § 1325(b)(3)					
12	Annualized current monthly income. Multiply the amount from Line 11 by the number 12 and enter the result.	\$				
13	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$				
	Application of § 1325(b)(3). Check the applicable box and proceed as directed.					
14	The amount on Line 12 is less than or equal to the amount on Line 13. Check the box at the top of page 1 of this statement that states "Disposable income not determined under § 1325(b)(3)" and complete Part V this statement; do not complete Parts III, IV, or V.					
	The amount on Line 12 is more than the amount on Line 13. Check the box at the top of p statement that states "Disposable income determined under § 1325(b)(3)" and complete the remaining statement.	•				

Complete Parts III, IV, and V of this statement only if required. (See Line 14.)

Part III. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)						
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)					
15	National Standards: food, clothing, household supplies, personal care, and miscellaneous. Enter the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable family size and income level. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			\$		
16	Local Standards: housing and utilities. Enter the amount of the IRS Housing and Utilities Standards allowance for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court), adjusted to deduct any portion of the allowance that includes payments on debts secured by your home, listed in Line 37. (Under revision)					
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.					
17	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. 0 1 2 or more.					
	Enter the amount from IRS Transportation Standards, Operating Costs & Public Transportation Costs for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
1 2 or more. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, First Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 37; subtract Line b from Line a and enter the result in Line 18. Do not enter an amount less than zero.						
	a.	IRS Transportation Standards, Ownership Costs, First Car	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 37	\$			
	C.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		

	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 18. Enter, in Line a below, the amount of the IRS Transportation Standards, Ownership Costs, Second Car (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 37; subtract Line b from Line a and enter the result in Line 19. Do not enter an amount less than zero.					
19	a.	IRS Transportation Standards, Ownership Costs		\$		
	b.	Average Monthly Payment for any debts secure		Ψ		
	D.	as stated in Line 37	a by Verneie 2,	\$		
	C.	Net ownership/lease expense for Vehicle 2		Subtract Line b from Line a.	\$	
20	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
21	payroll union o	Necessary Expenses: mandatory payro deductions that are required for your employmedues, and uniform costs. Do not include discret) contributions.	nt, such as mand	atory retirement contributions,	\$	
22	pay for	Necessary Expenses: life insurance. En term life insurance for yourself. Do not include for whole life, or for any other form of insurance.	e premiums for		\$	
23	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. Do not include payments on past due support obligations included in Line 39.					
24	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
25	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare. Do not include payments made for children's education.				\$	
26	expend	Necessary Expenses: health care. Enter on health care expenses that are not reimburse t include payments for health insurance liste	d by insurance or		\$	
27	Other Necessary Expenses: telecommunication services. Enter the average monthly expenses that you actually pay for cell phones, pagers, call waiting, caller identification, special long distance, or internet services necessary for the health and welfare of you or your dependents. Do not include any amount previously deducted.					
28	Total Expenses Allowed under IRS Standards. Enter the total of Lines 15 through 27					
		Subpart B: Additional Expe Note: Do not include any expens				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the average monthly amounts that you actually expend in each of the following categories and enter the total.					
29	a.	Health Insurance	\$			
2,	b.	Disability Insurance	\$			
	C.	Health Savings Account	\$		\$	
	Total: Add Lines a, b, and c					
30	Continued contributions to the care of household or family members. Enter the actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 24.					
31	Protection against family violence. Enter any average monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law.				\$	
32	Home energy costs in excess of the allowance specified by the IRS Local Standards. Enter the average monthly amount by which your home energy costs exceed the allowance in the IRS Local Standards for Housing and Utilities. You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.				\$	

33	Education expenses for dependent children under 18. Enter the average monthly expenses that you actually incur, not to exceed \$125 per child, in providing elementary and secondary education for your dependent children less than 18 years of age. You must provide your case trustee with documentation demonstrating that the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.				\$
34	Additional food and clothing expense. Enter the average monthly amount by which your food and clothing expenses exceed the combined allowances for food and apparel in the IRS National Standards, not to exceed five percent of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must provide your case trustee with documentation demonstrating that the additional amount claimed is reasonable and necessary.				\$
35			ontributions. Enter the amount that you ruments to a charitable organization as def		\$
36	Tota	I Additional Expens	se Deductions under § 707(b). Ente	er the total of Lines 29 through 35.	\$
			Subpart C: Deductions for Del	bt Payment	11
37	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Do not include items you have previously deducted, such as insurance and real estate taxes.				
		Name of Creditor	Property Securing the Debt	60-month Average Payment	
	a.			\$ \$	
	b. c.			\$	
	0.			Total: Add Lines a, b, and c	\$
38			to maintain possession of the property. Li. If necessary, list additional entries on a se	1/60th of the Cure Amount \$ \$ \$	\$
39			laims. Enter the total amount of all priorit divided by 60.	Total: Add Lines a, b, and c y claims (including priority child	\$
	support and alimony claims), divided by 60. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.				
	a. Projected average monthly Chapter 13 plan payment. \$		\$		
40	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		x		
	C.	Average monthly adm	inistrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$
41	Total Deductions for Debt Payment. Enter the total of Lines 37 through 40.				
		Subpa	rt D: Total Deductions Allowed	under § 707(b)(2)	U
42	Tota	I of all deductions	allowed under § 707(b)(2). Enter the	ne total of Lines 28, 36, and 41	\$
	iota	. o. an acaactoris	4.10.100 dilder 3 /0/(b)(2). Litter ti	to total of Lines 20, 30, and 41.	Ψ

F	Part IV. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)				
43	Total current monthly income. Enter the amount from Line 11.	\$			
44	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, included in Line 7, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$			
45	Qualified retirement deductions. Enter the monthly average of (a) all contributions or wage deductions made to qualified retirement plans, as specified in § 541(b)(7) and (b) all repayments of loans from retirement plans, as specified in § 362(b)(19).				
46	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 42.				
47	Total adjustments to determine disposable income. Add the amounts on Lines 44, 45, and 46 and enter the result.	\$			
48	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 47 from Line 43 and enter the result.	\$			

Part V: ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

49

	Expense Description	Monthly Amount
a.		\$
b.		\$
C.		\$
	Total: Add Lines a, b, and c	\$

	Part VI: VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)					
50	Date:	Signature:(Debtor)				
	Date:	Signature:				